

FILED MAR 9 1942
Registration District No. 1001

Primary Registration District No. 1001

768

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Reasearch Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days
In this community Norborne Missouri (Specify whether years, months or days) No 10 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Norborne Mo. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME

Albert White

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edna White 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Sept 12th, 1879
(Month) (Day) (Year)

8. AGE: Years 62 Months 5 Days 10 If less than one day
hr. min.

9. Birthplace Carroll Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer
11. Industry or business Same

MOTHER FATHER
12. Name James A. White
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Amill Grossman
15. Birthplace Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Albert White
(b) Address Hardin Mo.

17. (a) Burial (b) Date thereof 2/24/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Norborne Mo.

18. (a) Signature of funeral director Stroud Funeral Home

(b) Address Norborne Missouri

19. (a) 2/24/42 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febr day 22
year 1942 hour minute M.
21. I hereby certify that I attended the deceased from Feb 2 - 4 1942
~~Feb~~ 19 to Feb 22 1942
that I last saw him alive on Feb 21 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Duration Weeks
Due to ky peritonitis - Chronic years

Due to
Other conditions 131B
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury
23. Signature Kenneth D. ... (M. D.)
Address 320 prof. Bldg Date signed 2/24/42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

John B. Camp

Licensed Embalmer No. *2985*

P. O. Address *W.C. 7th*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.